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PTO/SB/22 (10-04)
Approved for use through 07/31/2008. OMB 0651-0031

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005 (fees effective on or after October 1, 2004)		2132.089
Application Number 10/020.008		Filed 12/13/2001
For Apolipoprotein biopolymer markers predictive of alzheimers disease		
Art Unit 1641		Examiner Lisa V. Cook

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1803. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 attorney or agent of record. Registration Number 51,598
 attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34

Katharine F. Davis
Signature

12/6/04

Katherine F. Davis

(561) 625-6575

Type or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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